

Food & Waterborne Intestinal Parasites

Registration Information

Program Fee: \$75.00

Registration Deadline: September 3, 2003

Complete the enclosed NLTN application form and return to:

Fax: 617-983-8037

Mail: NLTN

305 South Street

Boston, MA 02130-3597

Make checks and money orders payable to "APHL" or use the enclosed credit card form.

No refunds for cancellations after Sept. 8, 2003

Confirmation letters, with detailed directions to the program site, will be sent to participants.

Information and Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN office at least two weeks prior to the workshop. For more information please call: 800-536-NLTN or 617-983-6285.

Continuing Education Credit

Continuing education credit will be offered for laboratorians based on 6.0 hours of instruction."

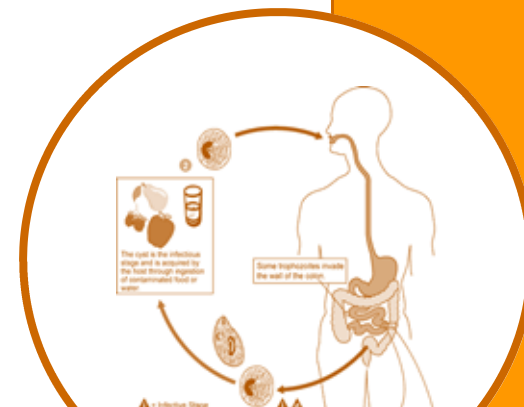
The National Laboratory Training Network

is a training system sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL)."



NLTN
305 South Street
Boston, MA 02130-3597

Please Copy & Post.



Food & Waterborne Intestinal Parasites

*September 11, 2003
Warwick, RI*

With faculty
from the
Centers for
Disease Control
& Prevention

Sponsored by:

Rhode Island State
Health Laboratories

&

National Laboratory
Training Network



Food & Waterborne Intestinal Parasites

Program

Undetected food and waterborne parasites can threaten the safety of our food chain and water supply. During this intermediate level hands-on workshop, faculty from the Centers for Disease Control and Prevention will instruct participants in how to identify commonly encountered intestinal parasites including:



Cryptosporidium
Cyclospora
E. histolytica/dispar
Giardia

Don't miss this opportunity to refresh your parasitology skills and learn new tricks from the experts.

Who Should Attend

This intermediate level program is designed for laboratorians with some parasitology experience.

Microscopes

Microscopes will be provided for this program.

Location

Community College of Rhode Island
440 East Avenue
Room 3028
Warwick, RI

Agenda

- 8:00 Registration
- 8:30 Overview and Pre-test
- 9:00 General Laboratory Techniques:
Introduction to the Parasites
- 10:30 Break
- 10:45 Parasites (Continued)
- 12:00 Lunch (Provided)
- 1:00 Hands-on Laboratory Exercises
- 3:00 DPDx Project
- 3:45 Post-test and Evaluation
- 4:00 Adjournment

Objectives

At the conclusion of this day, participants will be able to:

- Outline life cycles, morphological characteristics of *Cryptosporidium*, *Cyclospora*, *E. histolytica/dispar* and *Giardia*.
- Identify the above parasites using new rapid assays: DFA, EIA, UV and Rapid Cartridges.
- Detect and identify *Cryptosporidium* and *Cyclospora* using a modified Kinyoun's acid-fast and safranin stain.
- Detect and identify *Giardia* and *E. histolytica/dispar* using wet mounts and Wheatley's trichrome stain.

Faculty

Stephanie P. Johnston, MS, is a microbiologist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

Henry Bishop is a microbiologist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

Melanie Moser is a health communications specialist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

Facilitators & Program Planners

Frank Meglio, MS, SM(NRM)
Bioterrorism Teaching Coordinator/
Safety Officer, Rhode Island Department of Health, Providence, RI

Betsy Szymczak, MS, MT (ASCP)
Office Manager, NLTN
Boston, MA

Shoolah Escott, MS, MT (ASCP)
CDC Training Advisor, NLTN
Boston, MA



Participants will have an opportunity to examine and identify selected parasites in a laboratory setting.

**National Laboratory Training Network
Registration Form**

Form Approved
OMB No. 0920-0017
Exp. Date: 6/30/06

Training Event Title: Food & Waterborne Intestinal Parasites
Date: September 11, 2003

Event Code: NE3204
Location: Warwick, RI

Applicant Information (Please type or print.)

(Dr./Mr./ Miss.
/Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number: (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist
- 12 Other _____

Education Level

- (Highest Completed)
- Degree
 - 04 Associate
 - 05 Bachelor
 - 06 Masters
 - 07 Doctoral (M.D.)
 - 08 Doctoral (Other than M.D.)
 - 09 Technical/Hospital School
 - 03 Some College
 - 02 High School Graduate
 - 01 Some High School
 - 10 Other _____

Type of Employer

- 01 Health Department (State or Territorial)
- 03 Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hosp
- 15 Other (Federal Employer) _____
- 16 Foreign
- 19 College or University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician's Office Laboratory/Group Practice
- 17 Hospital (Private Community)
- 33 Hospital (Other)
- 25 State Funded Hospital
- 26 City or County Funded Hospital
- 28 Health Maintenance Organization
- 31 Non-profit
- 32 Unemployed or Retired
- 30 Other _____

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

Register Early!

Registration Fee: \$75.00

Registration Deadline: September 3, 2003

Payment Information (Please check one.)

☐

Enclosed is my check or money order (payable to APHL).

☐

Enclosed is a Purchase Order.

☐

Bill my Credit Card.
(Circle one.)

VISA

MasterCard

American Express

Submit your registration form to:

Fax: 617-983-8037

Mail: NLTN
305 South Street
Boston, MA 02130-3597

Visit our website for future programs
and our free lending library at:

<http://www.nltm.org>

**For further information call: (617) 983-6285
or in the Northeast region (800) 536-NLTN.**

Credit Card Information

Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment